

First episode of postoperative adhesive ileus. Analysis of 67 cases.

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Background: Postoperative adhesions occur after almost every abdominal operation but do not necessarily create adhesive intestinal obstruction. In this study we prospectively examine all patients treated with the first episode of postoperative obstructive ileus, to determine time interval and indication of previous laparotomy, the sort of incision performed and the subsequent treatment.

Methods: Sixty-seven consecutive patients with first episode of post operative obstructive ileus who were admitted in our hospital from January 2006 until September 2011 were included in our study.

Results : Forty four males and twenty three females mean age 54 (age range 18-86) were evaluated. In 3 cases the cause of obstruction was not correlated with adhesions. Time interval, between last operation performed and first episode of obstructive ileus, ranged from 10 days to 53 years. Twenty cases (31, 2%) presented in the first postoperative year. Previous implicated operation was, for treatment of intra-abdominal infection, mainly appendicitis, in 21 cases (32,8%), treatment of malignancies in 9 (14%), exploratory laparotomy for blunt posttraumatic hemorrhage in 8 (12,5%), and benign gynecological procedures in 7 cases (10,9%). Vertical incisions were used in 65,6% of cases. Nineteen out of 64 patients (29,7%) were treated operatively.

Conclusion : The likelihood of first postoperative episode of adhesive bowel obstruction is increased in males. Almost, one out of three cases occurs in the first year postoperatively. Previous laparotomy for intraperitoneal infection has higher risks to trigger off adhesive ileus. Vertical incision tends to be a predisposing factor. Non-operative was the treatment of choice in 70,3% of our cases. More cases are needed to draw safer conclusions.